2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

UN	<u> VIFOR</u>	R. FOREMAN, O.D., P.A. Be of Business FIRST STREET 1387 SOUTH FIRST STREET 132055 LAKE CITY FL 32055 Place of Business S. W. MAIN BUID T(3 SWMAIN BUID Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. LAKE CITY FL Country Zip Country Zip Country Tourity Tourity The First Street City & State LAKE CITY FL Country Tourity Tourity The Street Address of Current Registered Agent Name Street Address Signature, typed or printed name of registered agent and title if applicable. LE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department of State OFFICERS AND DIRECTORS PD FOREMAN, RONALD R. 1387 S. FIRST STREET LAKE CITY FL CITY-ST-ZIP SIRRET ADDRESS TREET ADRESS TREET ADDRESS TREET						Jan 17,	2003) &: U	v an	
								Secretary of State				
,		MAN. O.D	P.A.			42.5		01-17-2003	90058 0	43 ***150	0.00	
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Principal Pla	ace of Busines	s	Maili	ng Address								
1387 SOUTH FIRST STREET				SOUTH FIRST STREE	ΕT		,					
LAKE CITY F	FL 32055		LAKE	CITY FL 32055								
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Suite, Apt. #, etc.				Suite, Apt. #, etc.				_				
SUITE 101				SUITE 101			☐ CHECK HERE IF MAKING CHANGES					
City & State LAKE CITY, FL			Cit	City & State			4. FEi Number 59-1631398 Applied For					
Zip	025	r	Zip	-	7 7		5 Certif	icate of Status Desired		\$8.75 Ad	ot Applicab ditional	
ایر	6. Name	and Address of	Current Pagister	2025	- ,			· -	<u>.</u>	Fee Require		
	O. Hallio	and Address of	Current negister	ed Agent	Name		7. Name	and Address of New F	legistered /	(gent		
FOREMA	N. RONALD	R.						<u> </u>				
	-		Street Address (P.O. Box Number is Not Acceptable)									
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D 1112 OII								764				
					· ·				FL	Zip Cod		
8. The above the obligation	e named entity ations of regist	y submits this stat ered agent.	ement for the purp	oose of changing its	registered office of	or registere	ed agent, o	or both, in the State of Flo	rida. I am f	amiliar with,	and accept	
•	-	Ü										
SIGNATURE		or printed name of regist	ered agent and title if age	olicable. (NOTE:	Registered Agent signs	ature required y	than rainatatio	a\ .	DATE			
	EILE NOWII	! EEE IS \$150		T"			T	97	DATE	u		
Afte	er May 1, 200	3 Fee will be \$	550.00				9	Election Campaign Fir Trust Fund Contribution	_		0 May Be to Fees	
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NAME		RONALD R.		20 1010						Change	Addition	
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CITY-ST-ZIP	LAKE CITY	FL			CITY-ST-ZIP	LAILE	E CITY	NAIN BLVO,STO , FL 32025				
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12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplied entail report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the result for sustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attacking with all address, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

MATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1 /13/03

386-752-1722

Daytime Phone #